L24000423020

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TO: Registration : Division of C	Section orporations		
2300 HA	PPY HOUSE LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
	MAGDA M ABDORAB	во	
		Name of Person	
		Firm/Company	
	1560 W 57TH TERRACE		
		Address	
	HIALEAH, FL 33012	Authess	
		Ph.(0)	
	MAGDAMANIRA1991@	City/State and Zip Code GMAIL.COM	
	E-mail address:	(to be used for future annual report no	otification)
For further information	concerning this matter, please o	rall:	
MAGDA M ABDORA	ВВО	786 6786538	
Name o	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	E construct
G	Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address:	
Division of C		Registration Se Division of Co	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Docusign Envelope ID: 35F976E7-49C5-44B8-B097-187C12FEA233

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILE S OF

2024 007 15 Pil 1/2 TO 2300 HAPPY HOUSE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09/30/2024 ____ and assigned Florida document number L24000423020 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: 1560 W 57TH TERRACE (Principal office address MUST BE A STREET ADDRESS) HIALEAH, FL 33012 1560 W 57TH TERRACE Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) HIALEAH, FL 33012 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Cuv

_, Florida ___

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IT amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	OSNIEL BERMUDEZ ROMAN	2020 NW 189TH TER MIAMI GARDENS FL 33050	
			_
			_ □Change
			_ □Add
			_ □Remove
			_ 🗆 Change
			_ 🗆 Add
			_ □Remove
			_ □Change
			_ 🗆 Add
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fective date, if other than the neffective date is listed, the date muster. If the date inserted in this becument's effective date on the E	st be specific and ca lock does not mee	annot be prior to date et the applicable s	of filing or more than tatutory filing requi	(optional) 90 days after filing.) rements, this date v	Pursuant to 605.020 vill not be listed as
	e date, but not ar	n effective time, a	t2:01 a.m. on the	earlier of: (b) The	90th day after the
ecord specifies a delayed effectives filed.					
s filed.		2024	Firm	ado por:	
ecord specifies a delayed effective is filed. October 10 ted		<u> </u>	Firm.		

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Certificate Of Completion

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Signature

Signatures: 1

Initials: 0

MAGDA M ABDORABBO
magdamanira1991@gmail.com

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